

TN0020591
HVA

Town of Bell Buckle

8 Railroad Square ~ POB 276 ~ Bell Buckle, TN 37020

Phone 931-389-9513 ~ Fax 931-389-6169

E-mail address: tobbtn@charter.net

02/11/2013

Mr. Wade Murphy
Division of Water Pollution Control
401 Church St.
6th Floor, L&C Annex
Nashville, TN 37243-1534

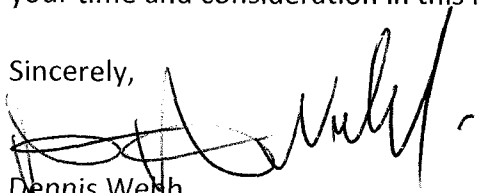
RE: NPDES Permit Renewal TN0020591

Dear Mr. Murphy

Enclosed is the NPDS Permit Renewal Application Forms. We are requesting a reduction in Monitoring Requirement Frequency for CBOD, Ammonia, E-Coli, and suspended solids. We have limited personnel and the treatment plant is consistently in compliance with these parameters. We would like to utilize our personnel in the operation and maintenance of the plant and collection system rehabilitation projects.

If there is anything else you need don't hesitate to contact us. We appreciate your time and consideration in this matter.

Sincerely,


Dennis Webb
Mayor

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TN Division Of Water
Pollution Control



Tennessee Department of Environment and Conservation
Division of Water Pollution Control
401 Church Street, 6th Floor L & C Annex
Nashville, TN 37243-1534
Phone:(615) 532-0625

PERMIT CONTACT INFORMATION

Please complete all sections. If one person serves multiple functions, please repeat this information in each section.

PERMIT NUMBER: TN0020591

DATE: 02/11/2013

PERMITTED FACILITY: Bell Buckle STP

COUNTY: Bedford

OFFICIAL PERMIT CONTACT:

(The permit signatory authority, e.g. responsible corporate officer, principle executive officer or ranking elected official)

Official Contact: Dennis Webb	Title or Position: Mayor		
Mailing Address: P.O. Box 276	City: Bell Buckle	State: TN	Zip: 37020
Phone number(s): 931-389-9514	E-mail: tobbtn@charter.net		

PERMIT BILLING ADDRESS (where invoices should be sent):

Billing Contact: Janet Robinson	Title or Position: City Recorder		
Mailing Address: P. O. Box	City: Bell Buckle	State: TN	Zip: 37020
Phone number(s): 931-389-9514	E-mail: tobbtn@charter.net		

FACILITY LOCATION (actual location of permit site and local contact for site activity):

Facility Location Contact: Ramdy Johnson	Title or Position: Superintendent		
Facility Location (physical street address): 100 Hwy 269	City: Bell Buckle	State: TN	Zip: 37020
Phone number(s): 931-389-9566	E-mail: tobbtn@charter.net		

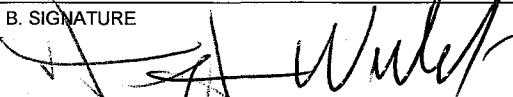
Alternate Contact (if desired):	Title or Position:		
Mailing Address:	City:	State:	Zip:
Phone number(s):	E-mail:		

FACILITY REPORTING (Discharge Monitoring Report (DMR) or other reporting):

Cognizant Official authorized for permit reporting: Dennis Webb	Title or Position: Mayor		
Mailing Address: 100 Hwy 269	City: Bell Buckle	State: TN	Zip: 37020
Phone number(s): 931-389-9566	E-mail: tobbtn@charter.net		
Fax number for reporting: 931-389-6169	Does the facility have interest in starting electronic DMR reporting? Yes No		

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FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER		T/A		C	
				S		F		D	
				TN0020591					
				1		2		13 14 15	
LABEL ITEMS				GENERAL INSTRUCTIONS					
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.					
III. FACILITY NAME				PLEASE PLACE LABEL IN THIS SPACE					
V. FACILITY MAILING ADDRESS									
VI. FACILITY LOCATION									
II. POLLUTANT CHARACTERISTICS									
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .									
SPECIFIC QUESTIONS				Mark "X"			Mark "X"		
				YES	NO	FORM ATTACHED			
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S. ? (FORM 2A)				X		X	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S. ? (FORM 2B)		
				16	17	18	19 20 21		
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)					X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S. ? (FORM 2D)		
				22	23	24	25 26 27		
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)					X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		
				28	29	30	31 32 33		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)					X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		
				34	35	36	37 38 39		
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)					X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		
				40	41	42	43 44 45		
III. NAME OF FACILITY									
C. SKIP				Bell Buckle STP					
15 16 29 30				69					
IV. FACILITY CONTACT									
A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)					
C. Randy Johnson Superintendent				D. (931) 389-9513					
15 16				45 46 48 49 51 52 55					
V. FACILITY MAILING ADDRESS									
A. STREET OR P.O. BOX									
C. P.O. Box 276									
15 16				45					
B. CITY OR TOWN				C. STATE		D. ZIP CODE			
C. Bell Buckle				TN		37020			
15 16				40 41 42		47 51			
VI. FACILITY LOCATION									
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER				RECEIVED					
C. 100 Hwy 269				FEB 19 2013					
15 16				45					
B. COUNTY NAME				TN Division Of Water Pollution Control					
C. Bedford				70					
C. CITY OR TOWN				D. STATE		E. ZIP CODE		F. COUNTY CODE (if known)	
C. Bell Buckle				TN		37020			
15 16				40 41 42		47 51		52 54	

VII. SIC CODES (4-digit, in order of priority)															A. FIRST															B. SECOND																													
C															(specify)															C															(specify)														
7																														7																													
15 16 - 19																														15 16 - 19																													
C. THIRD															D. FOURTH																																												
C															(specify)															C															(specify)														
7																														7																													
15 16 - 19																														15 16 - 19																													
VIII. OPERATOR INFORMATION																																																											
A. NAME																																																											
8 Town of Bell Buckle																																																											
15 16																																																											
B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																																											
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)																																																											
F = FEDERAL S = STATE P = PRIVATE															M = PUBLIC (other than federal or state) O = OTHER (specify)															M (specify)																													
																														56																													
D. PHONE (area code & no.)																																																											
A															(931) 389-9513																																												
15 16 - 18															19 - 21															22 - 26																													
E. STREET OR P.O. BOX																																																											
P.O. Box 276																																																											
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F. CITY OR TOWN																																																											
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42 47 - 51																																																											
G. STATE																																																											
TN																																																											
H. ZIP CODE																																																											
37020																																																											
IX. INDIAN LAND																																																											
Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																																											
52																																																											
X. EXISTING ENVIRONMENTAL PERMITS																																																											
A. NPDES (Discharges to Surface Water)																																																											
C T I															D. PSD (Air Emissions from Proposed Sources)																																												
9 N															TN0020591															9 P																													
15 16 17 18															30 15 16 17 18															30																													
B. UIC (Underground Injection of Fluids)																																																											
C T I															E. OTHER (specify)																																												
9 U															(specify)																																												
15 16 17 18															30 15 16 17 18															30																													
C. RCRA (Hazardous Wastes)																																																											
C T I															E. OTHER (specify)																																												
9 R															(specify)																																												
15 16 17 18															30 15 16 17 18															30																													
XI. MAP																																																											
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.																																																											
XII. NATURE OF BUSINESS (provide a brief description)																																																											
Treats domestic wastewater to meet permit and discharges treated effluent to Bell Buckle Creek at Mile 0.8																																																											
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XIII. CERTIFICATION (see instructions)																																																											
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.																																																											
A. NAME & OFFICIAL TITLE (type or print)																									B. SIGNATURE																				C. DATE SIGNED														
Dennis Webb Mayor																																													2-11-13														
COMMENTS FOR OFFICIAL USE ONLY																																																											
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TN Division Of Water
Pollution Control

FORM
2A
NPDES**NPDES FORM 2A APPLICATION OVERVIEW****APPLICATION OVERVIEW**

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
1. Has a design flow rate greater than or equal to 1 mgd,
 2. Is required to have a pretreatment program (or has one in place), or
 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
1. Has a design flow rate greater than or equal to 1 mgd,
 2. Is required to have a pretreatment program (or has one in place), or
 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)**RECEIVED**

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Pollution Control

FACILITY NAME AND PERMIT NUMBER:

Bell Buckle STP TN0020591

 Form Approved 1/14/99
 OMB Number 2040-0086

BASIC APPLICATION INFORMATION
PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name Bell Buckle STP
 Mailing Address P.O. Box 276
 Contact person Randy Johnson
 Title Superintendent
 Telephone number (931) 389-9513
 Facility Address 100 Hwy 269
 (not P.O. Box) _____

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name Town of Bell Buckle
 Mailing Address P.O. Box 276
 Contact person Dennis Webb Mayor
 Title Mayor
 Telephone number (931) 389-9513

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

_____ facility ☒ applicant

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A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES TN0020591 PSD _____
 UIC _____ Other _____
 RCRA _____ Other _____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Town of Bell Buckle</u>	<u>500</u>	<u>Separate</u>	<u>Municipal</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total population served <u>500</u>			

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
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Bell Buckle STP TN0020591

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.97
- mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>0.10</u>	<u>0.11</u>	<u>0.08</u> mgd
c. Maximum daily flow rate	<u>0.43</u>	<u>0.24</u>	<u>0.22</u> mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100.00 %
☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?
- ☒
- Yes
- ☐
- No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 01
ii. Discharges of untreated or partially treated effluent 0
iii. Combined sewer overflow points 0
iv. Constructed emergency overflows (prior to the headworks) 0
v. Other _____ 0

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

- c. Does the treatment works land-apply treated wastewater?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?
- ☐
- Yes
- ☒
- No

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Bell Buckle STP TN0020591

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____

mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

____ Yes

____ ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method _____

continuous or _____

intermittent?

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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location Bell Buckle 37020
(City or town, if applicable) (Zip Code)
Bedford TN
(County) (State)
35.5838394 -86.3539886
(Latitude) (Longitude)
- c. Distance from shore (if applicable) 0.00 ft.
- d. Depth below surface (if applicable) 0.00 ft.
- e. Average daily flow rate 0.07 mgd
- f. Does this outfall have either an intermittent or a periodic discharge? ☒ Yes ☐ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: _____
- Average duration of each discharge: _____
- Average flow per discharge: _____ mgd
- Months in which discharge occurs: _____
- g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

A.10. Description of Receiving Waters.

- a. Name of receiving water Bell Buckle Creek
- b. Name of watershed (if known) Duck River - Upper
- United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): _____
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 06040002
- d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃

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Bell Buckle STP TN0020591

A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☒ Primary ☒ Secondary
☐ Advanced ☐ Other. Describe: _____

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal 85.00 %
 Design SS removal 85.00 %
 Design P removal _____ %
 Design N removal _____ %
 Other _____ %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorine Liquid BleachIf disinfection is by chlorination, is dechlorination used for this outfall? ☒ Yes ☐ No

- d. Does the treatment plant have post aeration?
- ☒
- Yes
- ☐
- No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.79	s.u.			
pH (Maximum)	7.92	s.u.			
Flow Rate	0.43	MGD	0.10	MGD	1,095.00
Temperature (Winter)	15.00	C	13.30	C	180.00
Temperature (Summer)	28.00	C	25.80	C	180.00

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5						
	CBOD-5	8.51	mg/l	2.56	mg/l	72.00	SM 5210 B 2.0 mg/l
FECAL COLIFORM		157.00	col/100 mls	44.05	mg/l	72.00	m-colibblue 24 1 col/100 mls
TOTAL SUSPENDED SOLIDS (TSS)		5.20	mg/l	1.80	mg/l	72.00	SM 2540 D 2.0 mg/l

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Bell Buckle STP TN0020591

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

_____gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Under directors order with approved MOM program to reduce inflow and infiltration. Have completed 1.0 million gallon EQ basin. Completed I/I study. Rehab plans under way to repair basin 5 for inflow and infiltration.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

- Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.
☐ Yes ☐ No

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- c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	1.75	mg/l	0.43	mg/l	72.00	SM 4500 NH	0.03 mg/l
CHLORINE (TOTAL RESIDUAL, TRC)	0.02	mg/l	0.01	mg/l	120.00	SM 4500 CL2	0.05 mg/l
DISSOLVED OXYGEN	10.73	mg/l	8.43	mg/l	120.00	SM 4500 OG	0.5 mg/l
TOTAL KJELDAHL NITROGEN (TKN)	0.12	mg/l	0.11	mg/l	3.00	EPA 351.2	0.1 mg/l
NITRATE PLUS NITRITE NITROGEN	15.00	mg/l	10.70	mg/l	3.00	EPA 353.2	0.1 mg/l
OIL and GREASE	5.00	mg/l	5.00	mg/l	3.00	EPA 16641	5.0 mg/l
PHOSPHORUS (Total)	1.50	mg/l	2.12	mg/l	3.00	EPA 365.1	0.10 mg/l
TOTAL DISSOLVED SOLIDS (TDS)	350.00	mg/l	287.00	mg/l	3.00	EPA 160.1	10.0 mg/l
OTHER							

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Dennis Webb Mayor

Signature 

Telephone number 931-389-9513

Date signed 2-11-13

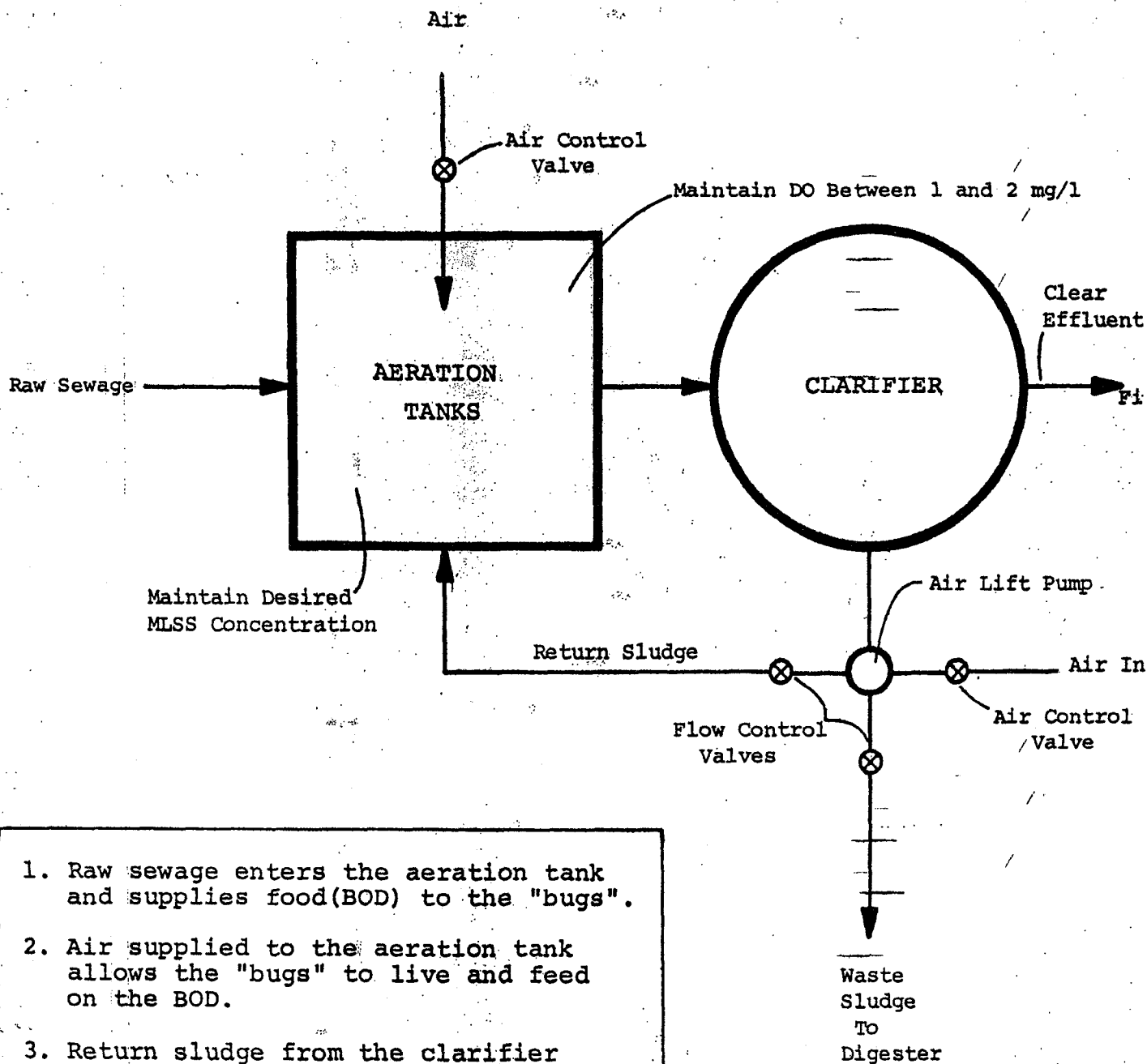
Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

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1. Raw sewage enters the aeration tank and supplies food(BOD) to the "bugs".
2. Air supplied to the aeration tank allows the "bugs" to live and feed on the BOD.
3. Return sludge from the clarifier returns organisms and solids to continue the treatment process.
4. Sludge is wasted to maintain the desired MLSS in the aeration tank.

NOTE: BOD = BIOCHEMICAL OXYGEN DEMAND*

DO = DISSOLVED OXYGEN*

MLSS = MIXED LIQUOR SUSPENDED SOLIDS*

*Refer to Chapter 7 LABORATORY CONTROL

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FIGURE 3.4-1
ACTIVATED SLUDGE SYSTEM SCHEMATIC
BELL BUCKLE, TENNESSEE
SEWAGE TREATMENT PLANT